



MEETING ABSTRACT

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# PW01-022 – Dissociation between CRP and SAA in FMF

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## Introduction

An Israeli study previously showed that dissociation between normal C-reactive protein (CRP) and elevated serum amyloid A (SAA) could be observed in Familial Mediterranean fever (FMF). Considering that elevated SAA is predictive for AA amyloidosis, this study suggested that SAA could be a better tool in the diagnosis and therapeutic management of FMF.

## Objectives

To analyze the dissociation between CRP and SAA in a large cohort of FMF adults and children in France.

## Methods

CRP and SAA were systematically measured during the follow-up of consecutive attack-free FMF outpatients seen in a pediatric and an adult French reference center. Dissociations between CRP and SAA were defined by normal CRP (<5mg/L) and elevated SAA (group A), or elevated CRP and normal SAA (<10mg/L) (group B). Demographic data, genotype, clinical characteristics of FMF, and treatment were analyzed.

## Results

274 samples from 219 patients were analysed. The cohort had a median age of 24 years old [interquartile 15-35], 54% were female. Ethnic origins were: 60% non-ashkenasi Jews, 1% ashkenasi Jews, 4% mixed, 9.5% Arabs, 5% Armenians, 5% Turks, 3% Lebanese or Syrians, 1% Italians, 1% Portuguese or Spanish, 1% Caucasian. *MEFV* genotype was known in 181 patients (83%): 63.5% had 2 non-ambiguous mutations, 24% were simple heterozygous, 7% were compound heterozygous with one non-ambiguous mutation and one polymorphism, 5.5% had no mutation. Six patients had amyloidosis. 181 patients

(83%) were treated with colchicine, 3 patients with interleukin-1 inhibitor. Elevated SAA (median=16.5mg/L [13;31] while normal CRP was found in 21 samples (13% samples of with normal CRP). Elevated CRP (median=9mg/L [7;11]) while normal SAA was found in 38 samples (22% samples of normal SAA). Age was significantly higher in group B comparing to group A or the group with no dissociation (33 years old versus 21 and 23 respectively,  $p=0.004$ ). Colchicine dosage was significantly higher in group B comparing to the group with no dissociation (1.05mg/day versus 1.34,  $p=0.04$ ). No statistical difference was found concerning genotype or Ethnic origin. Dissociation with high SAA and normal CRP was found in some patients with amyloidosis but the difference was not statistically different ( $p=0.08$ ). Finally, for values of CRP above 30mg/L (30-63mg/L), corresponding SAA values were 1.5 to 6 times higher (53-683).

## Conclusion

Dissociation between SAA and CRP was not frequent in our study. Genotype and ethnic origin were not predictive for this dissociation.

## Disclosure of interest

None declared

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